



American Academy of Dermatology Association

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February 7, 2002

Jo Anne B. Barnhart
Commissioner of Social Security
Social Security Administration
P.O. Box 17703
Baltimore, MD 21235-7703

Attn: RIN 0960-AF29

Dear Commissioner Barnhart:

On behalf of the 14,000 members of the American Academy of Dermatology Association and their patients with disabling dermatologic conditions, it is my pleasure to respond to the Social Security Administration's proposed revisions in the medical criteria for evaluating skin disorders, published in the December 10, 2001 *Federal Register*. The AADA informally commented on the SSA's criteria for evaluating skin disorders in a May 18, 2000 letter. While we are pleased that many of our earlier suggestions were incorporated into the current proposed revisions, we also note that some of our suggestions were not included in this document. Thus, we again offer these previous suggestions along with new recommendations for improving the criteria used by the SSA for determining disability stemming from dermatologic conditions.

Section 8.01 is entitled "Category of Impairments, Skin," but a more accurate and medically appropriate heading would also mention nails, hair, and mucous membranes. Taken together, skin, hair, nails, and mucous membranes denote the full range of body systems treated by dermatologists. We do note that Section 8.04 includes a reference to chronic infections of the skin or mucous membranes, and recommend that the more comprehensive approach that takes into account skin, hair, nails, and mucous membranes be used throughout the medical criteria document.

Section 8.03 of the proposal covers bullous disease. As we recommended in 2000, we again strongly urge you to expand this section, using the broad category of *immunobullous disease*. This would allow for the inclusion of newly recognized diseases. It is also suggested that *epidermolysis bullosa acquisita* be added to this section.



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We are pleased that *allergic contact dermatitis* was added to Section 8.05 of the criteria. Widespread involvement that is not responsive to treatment is a potentially severely debilitating condition deserving mention in this category.

In this section, we also recommend that mention be made of the role of temperature in dermatologic impairment; extensive lesions resulting from dermatitis can and often are exacerbated by a lack of temperature control. Individuals whose employment involves strenuous activity or outside activity find themselves in situations or environments where there is no temperature control. Fever or chills worsens their lesions, and thus should be part of the medical criteria used to evaluate their impairment.

In this section, finally, we also recommend that psoriasis be given its own category or section instead of being listed with dermatitis. This is because psoriasis affects not only the skin, but in some cases the joints and other body systems. In addition, psoriasis is sufficiently widespread that experts have already developed individual guidelines for determining disability resulting from psoriasis.

Turning to Section 8.06, we strongly opposed the proposal to remove *acne conglobata* from the *hidradenitis suppurativa* listing and disagree with the statement that most lesions associated with *hidradenitis suppurativa* do not require surgery. *Acne conglobata* in some patients can be extremely debilitating, preventing them from working or otherwise pursuing activities of daily living. This debilitating state can last for at least three months in some cases. Because isotretinoin is among the best treatments for this condition, and a course of isotretinoin therapy has a duration of more than three months, the most severely impaired *acne conglobata* patients should be considered eligible for SSA disability status. We take exception to the statement that *hidradenitis suppurativa* patients typically do not require surgery. Many dermatologists see the worst cases of this condition in which surgery is the only treatment. Indeed, the condition can be so widespread and traumatic that surgery is not only necessary, but because the condition is so extensive, the surgery must be performed in stages. For these reasons, we urge you to delete the statement that *hidradenitis suppurativa* does "not usually require surgery."

I hope that these comments are useful to you as you upgrade the SSA medical criteria for evaluating skin disorders. Please contact Laura Saul Edwards, AADA Assistant Director for Federal Affairs, at 202/842-3555 or ledwards@aad.org if you or your staff has questions about the issues raised in this letter.

Sincerely,

Robert D. Greenberg, M.D.
Chair, Health Care Delivery Committee

RG/lse